

MacGowan RJ, Khan R, Margolis AD, Sosman JM, Eldridge GD, Fitzgerald C, Zack B, Flanigan TP, and the Project START Study Group. HIV C&T among incarcerated young men in 5 U.S. prisons. National HIV Prevention Conference; July 27–30, 2003; Atlanta, Georgia. Abstract T2-C0704.

Background: HIV counseling and testing (C&T) is a cornerstone of the HIV prevention strategy in the US. Many people entering correctional facilities have a history of substance use and sexual behaviors that put them at risk of acquiring or transmitting HIV and STDs. Approximately 2 million people in the United States are incarcerated.

Objectives: To determine factors associated with (1) HIV testing in prison, (2) pretest counseling, and (3) posttest counseling among incarcerated young men in 5 U.S. state prisons.

Methods: Men (N=519), 18 to 29 years of age, were recruited and interviewed while incarcerated in 5 prisons located in CA, MS, WI, and RI. In MS, HIV C&T was mandatory on entry. In WI and RI, HIV C&T was not mandatory, but routinely offered to inmates on entry. In CA, and the other three states, HIV C&T was available at the discretion of the health care staff and at the inmate's request. Data obtained from participants included HIV testing, pretest and posttest counseling, and STD testing in these prisons, as well as risk behaviors before incarceration. Logistic regression models identified independent associations for HIV testing, pretest counseling, and posttest counseling while incarcerated.

Results: As shown in the table below, rates of HIV testing and counseling differed significantly ($P<0.05^*$) between the study sites.

Site	HIV Tested		Pretest Counseled		Posttest Counseled	
California	68/138	49%*	21/68	31%*	20/68	29%*
Mississippi	50/62	81%	16/50	32%	10/50	20%
Rhode Island	129/149	87%	10/129	8%	18/129	14%
Wisconsin	134/154	87%	64/134	48%	56/134	42%
Total	381/519	76%	111/381	29%	104/381	27%

Of those tested, 15% received both pre and posttest counseling, 14% received only pretest counseling, 12% received only posttest counseling and 59% received no counseling. HIV testing was independently associated with prison site, being tested for an STD while in prison, and attendance at an HIV, STD, or hepatitis education programs in the prison. Pretest counseling was independently associated with site, participant race, and attendance at an HIV, STD, or hepatitis education program in the prison. Posttest counseling was independently associated with site, participant race, and being tested for an STD while in the prison.

Conclusions: HIV C&T varied by site, and many men did not receive the public health recommended pre and posttest HIV counseling. While routinely offering HIV testing to all inmates on arrival is likely to increase testing among this population, efforts should be made to make counseling more available.